



- () New Certification Application
() Annual "No Change Affidavit"
() Full Recertification Applicant (Renewal Applicants)

PERSONAL FINANCIAL STATEMENT As of:

Complete for each socially disadvantaged owner. New & Full applicants attach the last 3 years' personal federal tax returns.

Name Business Phone ()

Residence Address Residence Phone ()

City, State & Zip Code

Business Name of Applicant

ASSETS
(Omit Cents)

LIABILITIES
(Omit Cents)

If you have any assets/liabilities jointly or as community property with another person, include only your share.

Cash on hand and in Banks..... \$

Savings Accounts..... \$

IRA or Other Retirement Account \$

Personal Receivables.....\$

Life Insurance – Cash Value Only \$

(Complete Section 7)

Stocks and Bonds..... \$

(Describe in Section 2)

Real Estate..... \$

(Describe in Section 3)

Automobile(s) – Present Value.....\$

Other Personal Property..... \$

(Describe in Section 4)

Other Assets..... \$

(Describe in Section 4)

Total Assets..... \$

Accounts Payable..... \$

Notes Payable to Banks and Others \$

(Describe in Section 1)

Installment Account (Auto)..... \$

Installment Account (Other).....\$

Loan on Life Insurance..... \$

Mortgages on Real Estate.....\$

(Describe in Section 3)

Unpaid Taxes..... \$

(Describe in Section 5)

Other Liabilities..... \$

(Describe in Section 6)

Total Liabilities..... \$

Net Worth..... \$

(Total Assets minus Total Liabilities)

Source of Income	Contingent Liabilities
	(Contingent Liabilities do not reduce net worth.)
Salary..... \$ _____	As Endorser or Co-Maker..... \$ _____
Net Investment Income..... \$ _____	Legal Claims & Judgments..... \$ _____
Real Estate Income..... \$ _____	Provision - Fed. Income Tax..... \$ _____
Other Income..... \$ _____	Other Special Debt..... \$ _____

Section 1. **Personal Notes Payable to Bank and Others** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Note Holder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 2. **Stocks and Bonds** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.) Do not include your ownership interest in an applicant or participating DBE firm. Mark value as of date of this statement.

Number of Shares	Name of Securities	Fair Market Value

Section 3. **Real Estate Owned** (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.) Do not include your primary place of residence.

	<u>Property A</u>	<u>Property B</u>	<u>Property C</u>
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Account Number			

Mortgage Balance			
Amount of Payment Per Month/Year			
Status of Mortgage			

Section 4. **Other Personal Property and Other Assets** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.) Do not include your ownership interest in an applicant or participating DBE firm.

Section 5. **Unpaid Taxes** (Describe in detail, as to type, to whom payable, when due, amount and to what property, if any a tax lien attaches.)

Section 6. **Other Liabilities** (Describe in detail.)

Section 7. **Life Insurance Held** (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries.)

I authorize the Delaware Department of Transportation to verify the accuracy of the statements made in order to determine whether I meet the standards of economic disadvantage for participation in the DBE program at the Delaware Department of Transportation.

Signature:

Title:

SSN:

Date:

I swear that the foregoing statements and ensuing attachments are true and accurate.

(SIGNATURE OF AFFIANT) (DATE)

(SEAL)

(PRINTED NAME)

(TITLE)

SWORN AND SUBSCRIBED BEFORE ME

this ____ day of _____, 20 ____

My Commission Expires: _____

(SIGNATURE OF NOTARY PUBLIC)